

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

Application Number

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments.

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CLAIMS ONLY						Application Number		Filing Date			
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51				
2							52				
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49							99				
50							100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				